

Moving Towards Home: Strategies for Ending  
Homelessness in Ten Years

City of Burlington, Vermont

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## **Why are we writing a 10-Year Plan to End Homelessness?**

- To remind ourselves, our community and those beyond our community that no one in this country should have to go without a place to call home.
- To acknowledge that homelessness as we see it today is a product of the last quarter of the 20<sup>th</sup> century, and to join with other cities across the country in looking to see if there could be better approaches to getting and keeping people housed.
- Because we are a community that's small enough, and willing enough, to truly be a model for ending homelessness.

## **What we're not doing:**

- Working in a vacuum – we're building on the work of the Affordable Housing Task Force, and acknowledging that housing the homeless has to take place in the larger context of a tight housing market that's squeezing all working citizens.
- Treating homelessness as a purely local issue – to truly end homelessness, action must be taken on a local, regional, state and federal level and there must be changes in state and federal policies and funding priorities.

As we began this planning process, we were reminded that 20 years ago, a group of people were meeting in the basement of City Hall to talk about keeping the homeless from freezing to death on the streets here in Burlington because of lack of shelter, a discussion that led to the creation of the Burlington Emergency Shelter and the Waystation Shelter.

In many ways, we've made progress since then – the City now has seven overnight shelters (two for single adults, two for families, one for victims of domestic abuse, one for youth and one for those with severe mental illness); a daytime drop-in center; 7-day a week hot meal and free grocery programs; a medical clinic dedicated to serving the homeless; slots set aside in several childcare programs for homeless children; a downtown street outreach program grown to four outreach workers; and a Continuum of Care dedicated to serving the homeless.

But – there are an estimated 2,000 homeless people over the course of a year in the Burlington area. Our shelters are too often full and turning people away. There have been 300% increases in the numbers of homeless families. More and more working people are among the homeless. Rising numbers of youth and of victims of domestic abuse are seeking shelter. At the same time, federal funding for local homeless programs under the Continuum of Care program has fallen from \$1.6 million in 1996 to \$919,679 this year, and federal assistance for publicly-assisted housing is dropping.

## **So we asked:**

- What would it take to make housing available to everyone, affordable and in a form appropriate to their needs, with services also available to ensure stable tenure?
- How would that housing tenure ladder serve the chronically homeless: the mentally ill, the alcoholic, the addict?
- What would need to change so that working one full-time job meant you could afford to be housed?
- How would we make sure that hitting a patch of bad luck - losing a job, getting sick or injured - didn't mean losing your home?
- How would that housing tenure ladder serve those leaving the correctional system? Those leaving a residential substance abuse program? Those exiting foster care?

- What about those who are currently burning their housing bridges with histories of evictions, bad credit records, etc.?
- What aren't we doing now that we would need to do? What additional resources would we need? What systemic barriers would we need to change? What things are outside our control?
- How would we define "ending homelessness"? How would we know when we're there?

## **But first, we began by reexamining why people are homeless:**

### **People are homeless because there isn't enough affordable housing.**

- Housing is generally considered to be affordable when a household pays no more than 30% of pre-tax income for housing and utilities.<sup>1</sup>

- In the 1960s and early 1970s, there was, generally, lots of housing – and it was affordable. In 1970, there were 300,000 more affordable housing units available nationally than there were low-income households needing to rent them.<sup>2</sup>

In 1970, there were 300,000 more affordable housing units in the country than there were low-income households who needed to rent them. By 1995, the number of low-income renters exceeded the number of low-cost units by 4.4 million.

- Beginning in the mid-1970's, housing began to move out of reach for many Americans. Between the mid-1970s and the mid-1980s, the country lost 780,000 units with rents less than \$250, mostly because of urban renewal, inflation and/or gentrification. Toward the end of that period – between 1980 and 1987 - federal expenditures on public housing were cut by 80 percent.<sup>3</sup>

- Locally, real estate prices in Burlington in the 1980s spiraled – with accompanying spiraling rent increases. The City attempted to apply a moderating influence with a voter-approved municipal anti-speculation tax, but saw that measure rejected by the state legislature.

"Every study that has looked has found that affordable, usually subsidized, housing prevents homelessness more effectively than anything else."

Shinn and Baumohl, *Rethinking the Prevention of Homelessness*, The 1998 National Symposium on Homelessness Research.

- The City was successful in developing 226 new affordable housing units in the 1980s (through, among other things, the HODAG program) as well as preserving 336 affordable units at Northgate.

- In the 1980s, the City also established a municipal land trust, a \$1 million line of credit for land trust purchases, a condominium conversion ordinance, a municipal housing trust fund, and a housing replacement ordinance – and, in 1990, an inclusionary zoning ordinance.

- By 1995, there were 4.4 million more low-income renters in the United States than there were low-cost rental units. And the problem was getting worse. While the number of households needing housing support increased, the number of units affordable to them

decreased - between 1991 and 1997, 370,000 unsubsidized units affordable to extremely low income renters were lost.<sup>4</sup>

- Locally, over 100 housing units developed during the 1990s were made affordable through Burlington's inclusionary zoning ordinance.
- 228 additional affordable units were developed in Burlington during the 1990s, principally using the Low Income Housing Tax Credit.
- During the 1990's, there were 56 new affordable units developed in Chittenden County outside Burlington.
- On a national level, there were a variety of market forces and other factors throughout the 1990s that contributed to the ongoing crisis in housing affordability— including the continued migration of people and jobs to the suburbs, regulatory barriers to developing multifamily (as opposed to single family) housing, underinvestment in affordable housing by many local communities, continuing discriminatory housing barriers, and the simple economics of supply and demand in which rising incomes for higher income families drove up rents faster than poorer families could afford.<sup>5</sup>
  - In Vermont, the housing boom peaked in the mid-1980's. Production of new housing dropped sharply after that. Between 1990 and 2000, Vermont added only enough new housing units for 83% of its new households – leaving the other 17% to compete for the existing housing stock, with associated increases in housing prices.<sup>6</sup>
  - By the end of the 1990s, the number of assisted units available to low and moderate-income renters in Chittenden County was meeting less than half the demand.<sup>7</sup>
  - At that point, Burlington and the neighboring municipality of Winooski - with around one-third of the County's population - were home to 68% of the County's publicly assisted affordable housing units and 74% of the County's publicly assisted tenants.<sup>8</sup>
  - Currently, around 25% of the City's apartments are affordable to low-income households due to Section 8 or equivalent rental assistance.
- There has been a persistent housing availability and affordability crisis in Burlington and the surrounding region:
  - The rental vacancy rate in Chittenden County was at or below one percent from June 1996 to June 2001.<sup>9</sup>

"The inexorable growth in the numbers of families, of those working in service sectors, and of immigrants seeking to take part in the American Dream – coupled with community opposition to high-density development, the gentrification or abandonment and deterioration of an increasing percentage of our housing stock, and the growing affordability gap between haves and have-nots – require that the government of the United States seriously address the question of how of society can produce and preserve more housing for more American families in a more rational, thoughtful, and efficient way in the decade ahead. As affordable housing production is increased within the context of healthy, inclusive communities, the economy is strengthened, more families share common American values, and economic opportunity is increased for many."

*Meeting our Nation's Housing Challenges, Report of the Bipartisan Millennial Housing Community Appointed by the Congress of the United States, May 2002.*

- Apartment rents rose between 5 and 9 percent each year between 2000 and 2002.<sup>10</sup>
  - Burlington area renters now need to earn \$16.35 per hour to afford a two-bedroom apartment – an increase of over 20% since 2000.<sup>11</sup>
  - The median price of a single-family home in Chittenden County increased by over 33% between 1999 and 2002.<sup>12</sup>
  - An extremely low income household (earning \$19,680, 30% of the Area Median Income of \$65,600) can afford monthly rent of no more than \$492, while the Fair Market Rent<sup>13</sup> for a two bedroom unit is \$850.<sup>14</sup>
  - Seventy-six percent of those on the public housing and Section 8 tenant-based assistance waiting lists at the Burlington Housing Authority are extremely low income.
- The housing shortage disproportionately affects minorities.<sup>15</sup>
  - In 2000, a local fair housing study found evidence of racial discrimination in 46% of rental housing tests, while a 2002 sales audit study found a 48% incidence of racial discrimination in the home buying market.<sup>16</sup>
- The local housing shortage in the last decade has coincided with a dramatic increase in the number of homeless families. In 1995, 73 homeless families sought services through the Burlington-based Committee on Temporary Shelter. In 2000, the number had risen to 330.
  - This past year, 142 families who requested emergency shelter from COTS had to be turned away or added to a wait list, to be granted shelter at a later time.
- Housing programs do exist to address these issues, but they are not adequately funded or sized to meet the need.
  - Federal rental housing subsidies can help address the problem, but here again supply does not keep up with demand. Nationally, the number of units receiving direct federal subsidies dropped by 65,000 between 1995 and 1999.<sup>17</sup>
  - The Burlington Housing Authority, in contrast, substantially increased the number rental assistance subsidies it has available – from 416 units in 1995 to 1,711 units in 2003. However, even with that increase, the number of people on BHA's waiting list has remained about the same – around 900 to 1,000.
  - The Low Income Housing Tax Credit program helps to funnel private investment into new affordable housing development, but again – resources do not meet the demand. Vermont's allocation of federal tax credits under this program has been increased from \$700,000 to \$2 million annually – but there are still more requests to assist potential projects than there are credits available.
- Federal support for the housing sector focuses most of its resources on supporting homeownership.
 

The largest federal housing assistance program is the entitlement to deduct mortgage interest from income for tax purposes.

  - For every one dollar spent on low income housing programs, the federal treasury loses four dollars to housing-related tax expenditures, 75% of which benefit households in the top fifth of income distribution.<sup>18</sup>
  - The Section 8 new construction/substantial rehabilitation program alone funded the construction/rehabilitation of 4,100 affordable apartments in Vermont between 1976

- and 1985 (when the program was abolished). Over the next twelve years, only 2,384 units were built in Vermont with every remaining form of federal assistance combined.<sup>19</sup>
- Other than the HOME program, which was created by Congress in 1992, there have been no new federal programs designed to stimulate new rental housing production for the past 15 years.
  - The federal Low Income Housing Tax Credit is the only program specifically for new production, and applications for tax credits far exceed the amount available. For example in the semi-annual application round of August 2002 for the State of Vermont, the total credits requested were approximately \$2.7 million and the credit available was approximately \$650,000.
- The City of Burlington and the State of Vermont have historically aggressively used private investment to develop affordable housing through the Low Income Housing Tax Credit. The City and the State have also supported new housing development through their Community Development Block Grant funds (with each allocating around one-third of those funds annually to support affordable housing) and HOME investment partnership funds. In addition, the City has historically supported the creation and preservation of affordable housing through its Housing Trust Fund and Inclusionary Zoning, Housing Preservation and Replacement and Condominium Conversion ordinances.
    - Since 1987, the Vermont Housing and Conservation Board has invested \$92 million of state funds in affordable housing. This has helped to generate over \$320 million in construction activity, created approximately 10,000 jobs in Vermont, and created or preserved over 6,000 units of housing. However, the need for affordable housing far exceeds what the resources can deliver.<sup>20</sup>
    - Over 500 new affordable units were built in the greater Burlington area in the last 3 years, at a cost of around \$71 million. That rate of new housing creation was made possible in large part because a state surplus and successful advocacy made possible a \$10 million state appropriation to support affordable housing development. We will not be able to sustain that rate without new federal and/or state appropriations to support it.
  - Considering northwestern Vermont as a whole, each year through 2010, 350 new renter households earning less than 80% of median are projected to become part of our regional economy. If each of these households requires a publicly-assisted unit at an average public investment of \$30,000 per unit, it will take \$10 million a year just to meet the anticipated new demand for assisted housing in the six-county region surrounding Burlington – without addressing the current unmet need.<sup>21</sup>
  - In November of 2001, Mayor Clavelle appointed a politically diverse group of stakeholders representing housing developers, builders, lenders, tenant and landlord advocates, and planning and preservation professionals to serve on an Affordable Housing Task Force.
    - The Task Force held 15 meetings, including two public hearings, between November 2001 and June 2002 to gather public comments, assess Burlington's current housing conditions, review regulatory impediments to creating more housing and to explore changes needed at the local, regional, state and federal level to encourage more affordable housing development and preservation throughout the region.
    - The Task Force issued a set of 67 recommendations, adopted by City Council in the fall of 2002. This Plan incorporates all of those recommendations.

**People are homeless because work doesn't pay enough to cover the cost of housing, food, health care and other necessary living expenses.**

- In the last quarter century, wage earnings have not kept up with increasing housing costs. Inflation-adjusted household income for those in the bottom two-fifths, nationally, has been essentially flat since 1975. Meanwhile, home prices and rents have continued to rise faster than general price inflation.<sup>22</sup>
    - Between 1990 and 2000, four out of five Vermont households were able to buy less as their earnings did not keep up with inflation.<sup>23</sup>
  - Currently, there is no state in the nation in which a person working at minimum wage can afford (using the federal standard of affordability) to rent an efficiency apartment.<sup>24</sup>
  - Even where a housing subsidy is available, it does not always solve housing problems. According to HUD, 1.3 million households that receive some sort of housing assistance still have a severe rent burden – i.e., are spending more than 50% of their income on housing.<sup>25</sup>
  - A single parent with one child would have to earn \$18.72 an hour, with employer-paid benefits, to cover basic living expenses in the Burlington area.<sup>26</sup> The highest average hourly earnings for production workers and nonsupervisory employees in any industry, statewide, in 2002 was \$17.90.<sup>27</sup>

"The incidence of teachers and public safety officers spending more than half their income on housing doubled between 1993 and 1996, from 6.8 percent to 14.6 percent."

*The State of the Nation's Housing*, Joint Center for Housing Studies at Harvard University, June 2003.

    - In Vermont, only around 1 in 5 single parents (with one child) is earning enough to support their family's basic needs. Even with two parents working (and with two children), around one-third of Vermont families are still not earning a livable wage.<sup>28</sup>
    - Families make up the difference by going without (i.e., giving up health care), getting help from other family members, working more than one job, relying on some form of private (i.e., Food Shelf) assistance, or depending on credit (with resultant high interest rates on accumulated debt and, too often, ruined credit histories).
      - The Chittenden Emergency Food Shelf now sees four times as many requests for assistance as it did in 1981, and is now serving 4,527 county households (2,317 Burlington households) a year. Most of those people are using the Food Shelf as a regular source of food. 36% are employed. 15% are homeless. 15% are disabled.
    - Many families live close to the edge of meeting their housing costs each month – and any disruption (job loss, family break-up, birth of another child) leaves them vulnerable to homelessness.
  - To close the gap between their income and the cost of basic needs, many wage earners – and most of those who are unable to work or transitioning to work – must rely on public systems for medical care, job training, education, mental health treatment, child care, substance abuse treatment, transportation and
- 36% of those forced to seek food at the Chittenden Emergency Food Shelf are employed. 22% of the parents in homeless families seeking emergency shelter at the Committee on Temporary Shelter have a job.



many other services. Those systems are almost uniformly overburdened, and – given current revenue resources – can only fall further behind.

- For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction. In 2000, approximately 38.7 million Americans had no health care insurance. Nearly a third of persons living in poverty had no health insurance of any kind. The coverage held by many others would not carry them through a catastrophic illness.<sup>29</sup>
- Most studies show that over 90% of the homeless have held jobs in the past. Some – perhaps as many as 40% – are currently working, either in regular or casual jobs.<sup>30</sup>

Many of the homeless have exhausted the help that family and friends could offer. Others never had much family support, or a social network, to start with. Either way, their “social capital” is limited.

Rog and Holupka, *Reconnecting Homeless Individuals and Families to the Community*, The 1998 Symposium on Homelessness Research.

  - 22% of the adults in homeless families served last year by the Committee on Temporary Shelter (COTS) were employed at the time they requested shelter.
  - 10% of the homeless single adults served by COTS last year were employed at the time they requested shelter. Over the course of the last year, 43% of single adults served by COTS worked at day labor, a temporary job or a permanent job.
  - Of the 122 youth sheltered by Spectrum Youth & Family Services this past year, 88 had jobs – mostly obtained while in shelter, but some held at the time the youth was forced to seek shelter.
- The homeless often have multiple barriers to employment - and particularly to livable employment. Job turnover/loss is predictably high, and wage income typically low.<sup>31</sup>
  - Programs that cut off benefits when a person starts to work and/or that make it hard to regain benefits once dropped will discourage employment efforts.
  - Frequently, disadvantaged trainees will take one or more steps back for every two forward. Programs that train the hardest to serve should be held accountable for outcomes, but they cannot be judged the same as programs that serve individuals with fewer barriers.
  - Employment earnings must be supplemented and opportunities for higher wage levels increased.
- The state Department of Employment & Training is subject to successful outcome requirements and limited/restricted funding, which promote risk aversion and make it easier to fund training for laid off IBM workers (high wage earners) than for at-risk individuals in need of job training. While there is some logic to this on one level, there is also a strong argument that high wage earners may have a greater ability to find work without government assistance.
- Non-degree grants are an important source of funding that allows individuals to obtain skills and training. However, the Vermont Student Assistance Corporation frequently runs out of funds and is not able to provide non-degree grants.

**People are homeless because mental illness and/or substance abuse interferes with their ability to obtain and retain housing.**

- In the mid-1950s, “deinstitutionalization” began to shift responsibility for caring for those with severe mental illnesses from long-term residential stays in state mental hospitals to community mental health centers. However, the funds that were supposed to support community-based mental health care were never appropriated or were cut.<sup>32</sup>
  - In 1971, the census at the Vermont State Hospital was 1,200. Today it is 50.<sup>33</sup>
- Nonetheless, most deinstitutionalized mentally ill men and women avoided homelessness until the late 1970s – many by living in SRO units in low-cost hotels affordable on Supplemental Security Income (SSI) benefits. Then, low-cost SRO units began to disappear. Between 1960 and 1990, the number of people living in hotels and rooming houses who had no other permanent addresses dropped from 640,000 to 137,000. At the same time, housing costs rose dramatically – so that by 1990, a person would have had to spend their entire monthly SSI check on rent.<sup>34</sup>

Two-thirds of the homeless surveyed nationally reported indicators of alcohol use, drug use and/or mental health problems.

1996 National Survey of Homeless Assistance Providers and Clients, Interagency Council on the Homeless.

  - The problem got worse in the early 1980s, when the federal government instituted a policy of aggressively reviewing claims for disability benefits – with a resultant drop of almost 500,000 people from the SSI rolls. Although a class action suit resulted in back payments of SSI into a trust to develop permanent housing, many of those forced into homelessness were never found.<sup>35</sup>
  - In 1995, Congress amended the Supplemental Security Income program to deny benefits to anyone whose drug and alcohol addiction is a “contributing factor material to” their disability. It’s estimated that in the three years after the law took effect, over 100,000 people lost benefits as a result – including health care previously available through Medicaid.<sup>36</sup>
- Today, an SSI check doesn’t even cover rent. An SSI recipient in Vermont receives \$604 monthly, while the Fair Market Rent for a one-bedroom unit is \$638.<sup>37</sup>
- Mental illness and chemical dependence frequently co-occur. However, treatment has historically been segregated – which means that many people do not receive the treatment they need.
  - National data indicates that 47% of individuals with schizophrenia and 61% individuals with bi-polar disorder also have a substance abuse disorder. To receive needed treatment, individuals with co-occurring substance abuse and mental disorders must negotiate separate provider systems and only around 19% receive treatment for both disorders.<sup>38</sup>

- The public costs of allowing these citizens to be chronically homeless are high. Many will visit the emergency room at Fletcher Allen Hospital at least five times a year, at an estimated cost of \$540 a visit. Each day's stay in the State Psychiatric Hospital costs \$560. Police interventions average \$200 per intervention, while incarceration in the correctional facility costs \$1,000 per day.

For one local resident experiencing chronic homeless, the Fletcher Allen Hospital spent \$12,600 over a two-week period in January of 2003. He could not be discharged – because both local shelters were full, and because of his mental health and medical needs. In contrast, the cost of providing him with housing and comprehensive outpatient supportive services is estimated to be \$15,000 a year.

- In contrast, the costs to provide housing and comprehensive services to these residents is estimated at around \$15,000 a year, or \$41 a day.
- The solution for many of these residents is supportive housing, which is housing linked to services (which may range from a resident case manager to more intensive onsite services). The experience of local providers is that the Shelter Plus Care model works very well, as do the Howard Center for Human Services' facilities funded with HUD 811, McKinney, Shelter Plus Care, and other programs.
  - In Burlington, there are currently 71 permanent supportive housing units for people with mental disabilities. In Winooski, there are 7 units. There are none available in the rest of the county.
  - There are also 67 affordable SRO units available in Burlington, and 27 in Winooski. There are no SRO units in the rest of the county.
- For some, lifelong support may be required to prevent them becoming homeless again. Few people who have been chronically homeless because of a serious and persistent mental illness (with or without a co-existing substance dependency) are likely to ever generate livable earnings through wages. While they may have some income from wages and/or public benefits, many will require long term subsidization of both housing and services because of their disabilities.
- There is not enough funding for supportive services. In order for any agency to take on more supportive housing, they would need to be assured of the continuity of funding for services – when developing a budget with 30-year debt obligations, the developer must be able to rely on the funding stream for services in order to ensure the long-term viability of the project.
  - While there will be public savings over the long-term by providing adequate housing and supportive services for these citizens, we do not believe that needs can be met in the short, or even intermediate, term simply by shifting resources from existing programs. What is needed is a guaranteed funding stream dedicated to this purpose.
- Services should be provided by well-trained, well-compensated professionals. Providing services to those suffering from mental illness and substance abuse can be difficult and challenging. Wages should not only be at a livable level, but should be sufficient to attract and retain high-quality staff.

- Families in which the head of household has a chronic and longstanding illness such as a substance abuse disorder and/or mental illness may require treatment (with housing for family members) followed by an intermediate level of supportive housing that has appropriate services attached.

Most chronically homeless families are single mothers with a history of childhood sexual abuse and adult stranger violence plus chronic major depression and/or substance abuse.

Bassuk, E. L., Perloff, J. N. & Dawson, R., *Multiply Homeless Families: The Insidious Impact of Violence*, Housing Policy Debate, 12(2) 299-320, 2001; Henry Cisneros, Searching for Home: Mentally Ill Homeless People in America, Cityscape, 155-172, U.S. Department of HUD, Office of Policy Development & Research, December 1996.

- Statutory/regulatory definitions of mental illness and disability often exclude those who need services. For example, those who are just above the defined "cutoff" for developmentally delayed, and those with mental illness that does not meet the criteria for "severe and persistent," often need supportive services to maintain stable living situations.
- Providing a range of options, which allow for consumer choice, promotes residential stability.<sup>39</sup>

**People are homeless because the "safety net" or other part of the "mainstream system" has failed.**

- There are a variety of public social support systems – such as TANF / Reach Up, Food Stamps, fuel assistance, Supplemental Security Income, Veterans Benefits - which are supposed to serve as a "safety net." There are other public systems – the criminal justice system, the child welfare system (foster care) – which assume temporary care and custody for some people. If clients or wards of these mainstream public programs end up homeless, the programs do not have good outcomes.<sup>40</sup>
  - Vermont is one of only three states in the country where youth must exit foster care at age 18. In most states, the exit age is 21.
  - Around 75% of the youth seeking shelter and basic services at Spectrum Family & Youth Services are former clients/wards of the Vermont Department of Social & Rehabilitative Services.
  - The largest age group among Vermont's corrections population is age 19-23. Over 90% of those youth are high school dropouts.<sup>41</sup>
  - Discharge planning for those exiting the state corrections system is inconsistent and often does not provide realistic means of shelter and support in the short- or long-term.
    - Every year the Dept. of Corrections releases hundreds of inmates into Chittenden County without a plan for securing housing and support services that is effectively implemented – placing additional strains on existing resources for the homeless.
- Mainstream programs are publicly funded. Generally speaking, these programs, while large in terms of their scope and budgets, are overenrolled and underfunded relative to their responsibilities.<sup>42</sup> Limitations in capacity, eligibility restrictions, high costs, and constraints on accessibility are barriers to serving those in need.

- The corrections population in Vermont has gone from 408 in 1975 to just under 2,000 in 2003.<sup>43</sup> That's consistent with national trends – the U.S. incarceration rate has more than quadrupled since 1972.<sup>44</sup> The number of jail beds continues to increase even though crime is declining.<sup>45</sup>
- In Chittenden County in 2002, around 44,000 people received services from the Vermont Agency of Human Services. Statewide, around 42% of Vermont's population received AHS services.<sup>46</sup>
  - In Chittenden County, many mainstream and related social services are available principally in Burlington – but public transportation to and from other areas of the County is often limited, making the services difficult to access unless you live in the City.
- The AHS budget for services in FY 2004 is over \$1.2 billion, with around three quarters of that funding coming from federal and other non-state sources.<sup>47</sup>
- By comparison, the homeless system is not large or well-funded.
  - The state's largest homeless provider, the Committee on Temporary Shelter, has an annual budget of around \$1.8 million.
  - Federal funding for local homeless programs under HUD's Continuum of Care program has fallen from \$1.6 million in 1996 to \$919,679 this year.
  - In Burlington, money for caring for the homeless depends in large part on private donations. While those donations demonstrate our citizens' compassion, they are an uncertain funding source for such basic (and often life and death) services.
- The homeless system can meet immediate needs, but it cannot prevent people from becoming homeless, and it cannot address their fundamental need for housing, income and services. These are issues that mainstream public systems must address.

### **People are homeless because they are fleeing domestic violence.**

- Nationally, approximately half of all women and children experiencing homelessness are fleeing domestic violence.<sup>48</sup>
  - Locally, the percent is probably a bit higher.
- Domestic violence causes in- and out-migration of homeless women and children – women (both single women and women with children) who are fleeing domestic violence come to Burlington from other areas of the state and from other states seeking safety, and leave Burlington for the same reason.
- Housing is the number one need identified by victims of domestic abuse. Shelter may be necessary for short-term safety, but there must be housing options that allow victims to permanently leave the abusive situation.
  - Under a new local "fast-track" program, the Vermont Department of PATH pays

63% of homeless women and 58% of low-income housed women have experienced adult intimate partner violence

Bassuk, Perloff and Dawson, Multiply Homeless Families: The Insidious Impact of Violence; HUD, Searching for Home: Mentally Ill Homeless People in America

emergency rent assistance directly to the Burlington Housing Authority (which has dedicated 10 Section 8 vouchers for that purpose) instead of to motels or other temporary shelter – which means that women and their children are moving into permanent housing within three weeks of leaving their abusive situation, and saves money.

- The Vermont State Housing Authority also gives a priority to victims of domestic abuse.
- Mental health and substance abuse issues often co-occur with domestic violence.
- Strategies that focus on marriage promotion/stability do not serve the interests of victims of domestic abuse.

**People are homeless because they are resistant to help that could stabilize their housing situation.**

- Some among the homeless appear to want only to be left alone. Many are actively using/abusing alcohol and/or drugs. They are unwilling or unable to meet the short-term sobriety requirements of local shelters, to participate in treatment, to maintain sobriety, to obtain/maintain employment.
 

"I have been out (homeless) for so long that it seems that there is no turning back. It's like there is wall between me and the rest of the world - that I'm looking down a tunnel at myself. I've quit drinking before but it's the only thing that keeps me warm. Besides, I'll never be part of your world again. It's too late. Thanks for the services you can provide me and knowing where the boundaries lie."

- Richard, 34, lives in Burlington

  - To get into any of the emergency shelters in Burlington, you cannot be visibly intoxicated or under the influence of other substances.
  - There are currently only six detox beds available in the county for homeless people. Last year, those beds were filled every night – and served over 2,200 people. Around 20% of those spending the night in a detox bed are homeless.
- Currently, these homeless people sleep in the streets or in the woods, sometimes in shelters, in hospitals and in penal institutions. That jeopardizes public safety (mostly for them) and has high public costs.
- This group poses the hardest challenges – both in strategies that address their need for treatment and their housing needs (both when in treatment and in relapse).
- For those who are currently unwilling to engage in treatment for addiction disorders, it may be necessary to create a type of housing that recognizes the addiction, makes services available, but does not require sobriety. Models of so-called "low demand" housing do exist. Another possibility might be low cost hostel or dormitory type housing with daily or weekly rental terms.
- For some among this group, most available in-state treatment for addiction disorders may not be appropriate because it is too short term, and has no follow-up recovery or sober housing.

- Providing a range of options in a non-coercive manner, with consumer input and/or involving former consumers in outreach and/or services, may increase chances for success.<sup>49</sup>

**People are homeless because personal behaviors, bad credit or poor landlord references interfere with their ability to obtain and retain housing.**

- Money to pay rent is not the whole solution. The PATH Back Rent program can actually be a disincentive for people to deal with the troubling behavior that lies at the root of their problem. The Rental Opportunity Center has found that it can be hard to help tenants facing evictions because they know that PATH will step in and save the day.
- Sometimes it may be necessary to provide transitional housing to enable people to develop a stable housing history to facilitate a return to permanent housing.

**To end homelessness:**

- There would be an adequate supply of decent, affordable housing.
- All those able to work would be adequately trained to do so and would be able to find jobs that pay a livable wage.
- Those who cannot work would be supported by a safety net that holds them above the poverty line and guarantees them food, shelter and health care.
- Those who cannot maintain stable permanent housing (because of substance abuse, mental illness or other problems) would nonetheless have housing options other than temporary shelters, the streets or jail.
- People who confront personal problems and crises could readily access help, with a supportive community environment, and would be treated with respect and dignity.

**We can't guarantee that all these things will happen in ten years. But there are some actions that would move us in the right direction.**

**Recommendations for Action:**

1. Increase the supply of affordable housing.
  - (a) Federal, state and local government should implement the recommendations of the Mayor's Affordable Housing Task Force and the detailed Action Plan endorsed by City Council in 2002.
  - (b) Congress should pass the federal Bringing Home America Act, sponsored by Vermont Congressman Bernie Sanders (among others) and supported by the November 17, 2003 Resolution of the Burlington City Council.

- (c) Congress should adequately fund the Section 8 Housing Choice Voucher program, including funding for new vouchers.
  - (d) The State should explore using untapped TANF reserve funds, without reducing benefit levels, to provide housing subsidies to families that are (or recently were) on welfare.
  - (e) The State should, at a minimum, maintain, and should expand wherever possible, funding for the Vermont Housing & Conversation Board and the state Low Income Housing Tax Credit.
  - (f) The City should continue to fund affordable housing through its Housing Trust Fund and with its Community Development Block Grant and HOME funds, with the goal of supporting the development of 375 new units over the next 5 years in Burlington and surrounding municipalities.
  - (g) The City and its housing partners should continue to expand the number of handicap-accessible units in the City.
2. Increase the supply of permanent supportive housing.
- (a) Congress should fund all renewals for permanent supportive housing, Shelter Plus Care and SHP-Permanent Housing through a separate, permanent account so that formerly homeless people don't become homeless again and to ensure that enough funding is available to develop new units.
  - (b) The Continuum and its housing partners should develop 36 to 48 additional units of permanent supportive housing, in the form of 6 small congregate living situations (6-8 apartments with common space and a resident manager) and/or scattered site units, located along a bus line – including units for youth age 18 to 22.
  - (c) The Continuum and its housing partners should develop two additional community care homes, each with room to house 15 to 16 residents, for those who can't live independently and need a higher level of support (24-hour staff, on-site meals, etc.). One facility would also include on-site nursing care.
3. Increase transitional housing opportunities, with associated services, for those who need temporary supports before moving into independent permanent housing arrangements.
- (a) The State should create a demonstration project to encourage the development of more transitional housing for formerly homeless families.
  - (b) The State should develop 30 units of transitional housing specifically for families with substance abuse and/or mental health treatment needs, with on-site staff and case management support.
  - (c) The Continuum and its housing partners should develop 6 to 12 new units of project-based transitional housing for victims of domestic violence who have greater service needs and/or a need to establish a rental history, and who can afford the lessened confidentiality that may result because they are at less risk from their abusers.
  - (d) The Continuum and its housing partners should develop 6 to 10 units of new transitional housing for women exiting correctional facilities.
  - (e) The City, the Continuum and their housing partners should collaborate to provide 4 transitional housing units for youthful offenders exiting correctional facilities.
  - (f) The City, the Continuum and their housing partners should explore the need for additional transitional housing units for adult men exiting correctional facilities.
  - (g) The Continuum should explore the need for development of transitional housing specifically for veterans, such as exists elsewhere in the State.
  - (h) The Continuum, the City and surrounding municipalities should reduce zoning barriers to development of new transitional housing units and/or work to find existing zoning compliant properties that programs could expand into.



- (i) The Continuum and the City should seek a solution, legislative if necessary, to recent rulings mandating Act 250 review for separate/noncontiguous community care facilities and other housing projects because those projects are located within 5 miles of each other.
- 4. Develop additional capacity to serve those who need permanent housing, but are resistant to traditional service models, including low demand / low engagement shelter/housing and harm reduction programs.
  - (a) The State should add 7 detox beds (using the Act 1 model) and 10 substance abuse crisis stability beds (using the Bridge model) in Chittenden County.
  - (b) The Continuum and its housing partners should develop 7 additional Safe Havens units.
  - (c) The Continuum should work with Fletcher Allen Health Care to develop outpatient medical respite options for the homeless.
  - (d) The Continuum should work with the police department and the business community to explore new/alternative strategies for housing the "hardest to serve."
    - i) One possibility, as a start, may be a 24-hour drop-in center (at least during the winter months), with skilled staffing, where people could be warm and access medical help.
- 5. Provide the resources necessary to help people maintain a stable housing situation and to prevent homelessness.
  - (a) Federal, state and local government should implement the recommendations of the Mayor's Affordable Housing Task Force and the detailed Action Plan endorsed by City Council in 2002, including no cause eviction controls.
  - (b) Congress should pass the federal Bringing Home America Act, as supported by the November 17, 2003 Resolution of the Burlington City Council.
  - (c) Congress should increase funding for McKinney-Vento Homeless Assistance program to adequately fund the resources necessary to help people move from shelter to housing.
  - (d) Congress should authorize and fund a new program within the Department of Health and Human Services to fund ongoing services in supportive housing for people who experience long-term homelessness.
  - (e) The State should at a minimum maintain current funding levels for Homeless Shelters and Services funded through the State Office of Economic Opportunity, as well as the "Back Rent" Program, Temporary Housing Assistance and Assistive Community Care Services funded through PATH, and should increase funding levels wherever possible.
  - (f) The Legislature should approve the decision of Burlington voters to lengthen the notice period required for no-cause evictions in the City.
  - (g) The Vermont Agency of Human Services should redirect resources to support housing retention/eviction prevention programs that are more cost-effective than emergency housing, and should adopt outcome measures that include housing stability for all mainstream programs.
  - (h) The State should support the creation of a daytime drop-in program that would provide support, treatment, education, housing retention services and life skills training for residents with substance abuse and/or mental health issues.
  - (i) The Continuum of Care should continue to operate – and the City should continue to fund - the Rental Opportunity Center, recruiting landlords to provide housing opportunities and providing housing retention services.
  - (j) The Continuum should develop new strategies for effective housing retention services and seek funding for those services.

6. Stably rehouse victims of domestic violence as soon as possible.
  - (a) Congress should increase federal Violence Against Women Act funding and shift funding priorities so that the same amount of money flows into housing and services as into criminal justice.
  - (b) The Burlington Housing Authority and the Vermont State Housing Authority should continue to give a priority to victims of domestic abuse.
  - (c) All other housing authorities in the state should give a priority to victims of domestic abuse.
7. Reduce discriminatory/cultural barriers to obtaining and keeping housing and services.
  - (a) The City and its partners should continue and increase efforts on Fair Housing, including increased enforcement and increased education.
  - (b) The Continuum should make sure that staff at all agencies participate in cultural competencies and diversity training.
8. Help people move into and keep employment, either at a livable wage or with sufficient additional supports to yield a livable wage equivalent.
  - (a) Congress should pass the federal Bringing Home America Act, as supported by the November 17, 2003 Resolution of the Burlington City Council – including the provisions for changes to the SSI program and increased access to WIA services for the homeless.
  - (b) Federal and state government should adjust outcome measurements that serve as a disincentive to enrolling the hardest to serve – including many of the homeless – in job training programs.
    - i) Outcome measurements must be benchmarked relative to the skill level of the trainee.
    - ii) Trainees with lower skills and higher barriers to employment should be given more opportunities to be successful.
  - (c) Federal and state government should increase funding for job training so that the Department of Employment & Training and others are not forced to make a choice between funding training for a homeless individual with a poor job history and a laid off IBM worker.
  - (d) The State, working with the business and nonprofit communities, should improve the job training system to make it more easily accessible and navigable.
  - (e) The State, working with the business and nonprofit communities, should improve and expand the system for providing basic skills as well as the skills necessary for livable wage jobs – perhaps including new and improved apprenticeships for white collar jobs.
  - (f) The State should increase funding for the Vermont Student Assistance Corporation.
  - (g) The federal and state governments should promote global trade but work to ensure a level playing field in terms of a basic level of worker rights and safety and environmental safeguards and standards, to ensure that jobs are not lost overseas/out of state because an employer moves to a location where it can pollute and abuse its workers.
  - (h) The State should explore tax shifting options – such as reducing sales and, for lower income workers, personal income and payroll taxes, giving businesses a state tax credit for payroll taxes, and increasing or creating taxes on motor fuels, fossil fuels, pesticides and fertilizers, solid waste, beverage containers – that would encourage work, discourage pollution, sprawl, garbage, depletion of natural resources, and other welfare-reducing activities, and make the tax system more fair for lower-income workers.
  - (i) The City should continue to support livable wage efforts, including continued enforcement of its livable wage ordinance and continued promotion of the Livable Jobs

Toolkit (published by Vermont Businesses for a Social Responsibility Research & Education Foundation in collaboration with the Peace & Justice Center) in its economic development activities.

9. Develop a comprehensive housing and supportive services approach to ease the re-entry process of ex-offenders and to improve the likelihood for successful outcomes.
  - (a) The City and the Department of Corrections should implement an Offender Re-entry Program, currently in the planning stages, in Burlington.
    - i) The City, the Continuum and its housing partners will undergo a six-month planning process to collaborate with the Department of Corrections to promote a regional, holistic approach to identifying appropriate residential settings for offenders re-entering Chittenden County and will identify at least 25 appropriate residential settings for 25 ex-offenders.
  - (b) The Department of Corrections should have an adequate housing plan and resources to support, every offender exiting from jail.
    - i) The Department of Corrections should provide funding for both bricks and mortar and supportive services to serve re-entering offenders.
    - ii) The Department of Corrections should specifically develop strategies for housing sex offenders upon release.
      - (1) SRO housing may be appropriate for this population.
10. Develop new strategies to improve the likelihood for successful transitions to independence for youth in foster care.
  - (a) The State should explore re-extending foster care through age 21.
  - (b) The State should improve transition planning to ensure that all youth exiting foster care have access to stable housing and employment options.
11. Make sure that treatment for drug and alcohol abuse and for mental illness is readily and promptly available to those willing to accept it.
  - (a) Federal and state government should increase funding for mainstream mental health and substance abuse treatment services, including increased case management staff for residents needing to address substance abuse issues.
  - (b) Federal and state government should eliminate definitional barriers that restrict treatment options.
  - (c) The State should add 100 more methadone treatment slots throughout the state, easily accessible to residents who need treatment.
  - (d) The State should develop a long-term residential treatment facility in Vermont.
  - (e) The City should support implementation of the recommendations growing out of the current Study Circle community discussions on substance abuse.
  - (f) The City and the Continuum should support the recommendations growing out of the current Agency of Human Services reorganization discussions for better integration of physical / mental health and substance abuse treatment services.
  - (g) The City should continue to support the implementation of a Mental Health Court, through which people arrested for nonviolent offenses who are suffering from mental illness can have the option of being placed in treatment rather than being incarcerated.

12. Improve access to delivery of services.

- (a) The State should develop better transportation services so that people living outside Burlington could access the array of centrally-located services in the City without having to relocate to the City.
- (b) Alternatively, there should be services available locally in other areas of the county.
- (c) The State should improve transportation services for those with mobility impairments – services which are currently available but which often require significant advance planning to tap into.

13. Improve the local delivery of services.

- (a) The Continuum and its partner agencies should provide better cross-training of staff (who too often work in separated fields of expertise) to increase awareness of common co-occurring issues (domestic violence, substance abuse, mental health issues) and to better integrate services.
  - i) That includes training people who work with children about domestic violence, to screen and respond, and to have services available. An example is a current project between Women Helping Battered Women staff and the school-based social workers at some local schools to co-facilitate school-based playgroups. Another possibility is to integrate training on domestic violence into school curriculum.
- (b) The Continuum should work with Fletcher Allen Health Care to develop outpatient medical respite options for the homeless.
- (c) The Continuum should work with Child Care Resource to identify and advocate for a stable funding source for services for homeless children and for set-aside slots in local early education programs.
- (d) The City and the Continuum should continue to participate in the Agency of Human Services reorganization efforts for better integration of mainstream services.
- (e) The Continuum should continue to seek input from the homeless to improve the design and range of services available.

14. Develop educational strategies to reduce homelessness.

- (a) State and nonprofit agencies should include teaching about healthy relationships in interventions with child victims or child witnesses of abuse.
- (b) The public school curriculum should include financial education/budgeting training.
- (c) The sustainability curriculum should incorporate education about homelessness.

15. Develop better ways of measuring who, and how many, are homeless and what their individual needs are.

- (a) The Continuum should develop better ways of collecting data at the local level – while not allowing numbers to distract from the individual face of homelessness and while respecting and protecting the confidentiality of clients.

“Numbers do not tell the stories of families who hold on to their homes by their fingertips, keeping the rent paid only by relying on food pantries and soup kitchens to eat at the end of the month and counting on informal and haphazard arrangements for child care so parents can work. Numbers do not describe what it means for a child to bounce from school to school because his or her family must keep searching for cheaper places to live, never catching up on lessons or forming lasting friendships. . . .”

National Low Income Housing Coalition, *Out of Reach* 2003.

## Acknowledgments

This Plan draws heavily on the work of the National Alliance to End Homelessness and its Ten Year Plan to End Homelessness.

Many people and organizations participated in the process of preparing this Plan. The following people attended a meeting hosted by the Mayor on October 1, 2003, to begin the discussion:

Martha Maksym, United Way  
Bob Purvee, Burlington Emergency Shelter  
Debbie Mann, Burlington Emergency Shelter  
Becky Cassidy, Church Street Marketplace  
Gary Kowalski, First Unitarian Universalist Society  
Susan Ainsworth-Daniels, Lake Champlain Housing Ventures  
Tammy Bardah, Howard Human Services (Community Outreach)  
Heidi St. Peter, Joseph's House (St. Joseph's Church)  
Tom Longstreth, ReCycle North  
Al Martner, Vt. Ecumenical Council  
Fred Roane, U.S. Dept. of HUD  
Rita Markley, Committee on Temporary Shelter  
Tony Morgan, Vt. Office of Economic Opportunity  
Sr. Lucille Bonvouloir, Sisters of Mercy  
Brian Pine, Assistant Director of Housing, Community & Economic Development Office  
Peggy Treanor, Chittenden Community Action/CVOEO  
Jackie Smith, Senator Leahy's Office  
Mary McNamara, Vt. Catholic Charities  
Michael Coughlin, Salvation Army  
John Goss, YouthBuild Burlington  
Jeremy Brown, YouthBuild Burlington  
John O'Brien, Interagency Council on Homelessness  
Jim Rader, Congressman Sanders' Office  
Lindora Cabral, RSM, Mercy Connections, Inc.  
David K. Promnitz, Community Health Center  
Nicole Valcour, Safe Harbor (Community Health Center)  
Larry Martineau, Vt. Dept. of SRS  
Sherry Edelstein, Vt. Dept. of SRS  
John Tucker, Peace & Justice Center, Racial Justice & Equity Project  
Steve Norman, Vt. Legal Aid  
Robert Rummel, Veterans Administration  
Margaret Bozik, Assistant Director for Management, Planning & Communications, CEDO

John Tucker gave generously of his time and expertise drawn from his experience with the New York City homeless system. David Promnitz, Nicole Valcour and John Goss volunteered to provide additional input from their perspective as direct service providers. Fred Roane, Robert Rummel and Martha Maksym also volunteered to provide further input and assistance.

Discussions continued throughout November and December with the Chittenden County Continuum of Care (whose members include the Committee on Temporary Shelter, Vermont Legal Aid, the Salvation Army, the Vermont Department of PATH, ReCycle North, the Champlain Valley Office of Economic Opportunity, the Burlington Housing Authority, the Howard Center for Human Services, Spectrum Family and Youth Services, Vermont CARES, Women Helping Battered Women, the Community Health Center, the Lund Family Center and the City of Burlington) and with the "Housing Gang" (whose members include the Burlington Community Land Trust, the Lake Champlain Housing Development Corporation, Cathedral Square Corporation, Housing Vermont, the Burlington Housing Authority, the Committee on Temporary Shelter, and Vermont Tenants, Inc.). A draft Plan was published online for public comment in December 2003. The Plan was finalized in February 2004.

Mayor Peter Clavelle wishes to acknowledge the contributions of all who have participated.

## Appendix

### Data and Existing Resources – Shelter and Housing

#### Emergency Shelter (Overnight) - Single Adults and Youth

<u>Facility</u>	<u>Beds Available</u>	<u>Number Served (02-03)</u>
Burlington Emergency Shelter	20	287
Waystation	36	451
Spectrum One Stop (youth)	12	122
Safe Havens (mentally ill)	7	40
Detox Beds - Act 1	6	2,268

#### Emergency Shelter - Families

<u>Facility</u>	<u>Beds/Units Available</u>	<u>Number Served (02-03)</u>
Women Helping Battered Women	15 beds	148
COTS Family Program		406
Firehouse Shelter	5 units	
Main Street	10 units	

#### Daytime shelter

Daystation: Open seven days a week from 9:00 a.m. to 5:00 p.m., offering a refuge from the streets and access to an array of services.

#### Transitional Housing - Single Adults

Branches (mentally ill)	6 rooms
Smith House (2 units available for those in early recovery)	7 SRO's
Oxford Houses (those in recovery from substance abuse)	21 beds
Next Door (residential intensive treatment for major mental illness)	8 beds
Bridge (short-term social detox)	6 beds
Good Neighbor Program (those in recovery from substance abuse)	8 beds

#### Transitional Housing - Families

Lund Family Center (pregnant/parenting teens and young women)	18 beds
Independence Place (parenting teens)	6 units
Families In Transition	10 apartments for families
Smith House	2 two-bedroom apartments

#### Permanent Supportive Housing

<u>SRO's</u>	
St. John's Hall	18 rooms and 4 apartments
Wilson Hotel	22 rooms
Sarah Cole House	12 rooms
Allen House (Winooski)	27 rooms
20 S. Willard	<u>6 rooms</u>
TOTAL	85 rooms and 4 apartments

For Youth

Spectrum 6 rooms

For those Transitioning from Corrections

Dismas 7 rooms

For those with Mental Disabilities

Lakeview (community care home)	17 units
Arroway Group Home	7 units (Section 811)
Monroe Place	15 units (Section 811)
Pennington House (developmental)	5 units (Section 811)
South End Community Housing	6 units (Section 811)
Howard Mental Health Group Home	8 units (Section 202)
21-23 N. Champlain	4 units
Maple Street (youth)	9 units
Committee on Temporary Shelter	<u>7 units (Shelter Plus Care)</u>
TOTAL	78 units

For those living with HIV/AIDS

VT CARES (Colchester)	11 units
Scattered site HOPWA units	<u>10 units</u>
TOTAL	21 units

For families

Scholars House 12 units

**Assisted Rental Inventory – Burlington Housing Authority (As of Spring 2003)**

Type of Unit - Public Housing	# of Units	Type of Cert/Voucher	#
Elderly/Disabled	209	Regular	488
Family	134	Homeownership	40
Total	343	Project-Based Certificates	17
		Project-Based Vouchers	91
Type of Unit - Managed		Designated Housing	550
Elderly/Disabled	109	Mainstream	175
Family	60	Family Unification	350
Total	169	Total	1,711

Regular = All households who are income eligible for Section 8 (50% of median income or below)

Homeownership = All households with an income below 80% of median, who meet employment and minimum income requirements

Project-Based Certificates and Vouchers = Same as Regular Vouchers

Designated Housing = Single individuals or couples below age 62 who have a disability (mental, physical, developmental)

Mainstream Housing = Families in which the head of household or spouse is below age 62 and has a disability (mental, physical, developmental)

Family Unification = Income eligible families who have family members separated or at risk of separation because of homelessness or risk of homelessness.

**Additional Assisted Housing (As of Spring 2003)**

Vermont State Housing Authority:	
Section 8 Tenant Based Vouchers and Certificates in Burlington	124
Winooski Housing Authority:	
Section 8 Tenant Based Vouchers and Certificates in Burlington	88

**Demand:**

- Applications by families for assisted housing increased 7% in the last fiscal year at BHA.
- Applications by individuals increased by 17%.

**Wait Lists:**

- 267 households for public housing and 1,078 households for the Section 8 program for BHA as of spring 2003.
- During the past few years, the number of applicants on BHA's master Section 8 waiting list has remained relatively level at around 900 to 1,000.
- However, this number has to be viewed in the context of the fact that BHA has substantially increased the number of rental assistance subsidies available (from total funding commitments of 416 units in 1995 to 1,711 units currently). If the number of subsidies available had been static, it is fair to assume that the waiting list would have grown.
- Because of the new subsidies available, wait times for assisted housing programs have dropped over the past few years.
- The current wait time for public housing varies by bedroom size from immediate availability to 2 years. For Section 8 vouchers, the wait time has dropped over the past few years from 5 years to 12 months or less, depending on the particular waiting list. All waiting lists are open.
- Seventy-six percent of those on the public housing and Section 8 tenant-based assistance waiting lists are extremely low income (less than or equal to 30% of median).

**New Affordable Units – 7/1/00 to 6/30/03**

Burlington	South Burlington	Williston	Colchester
Bus Barns: 25	O'Dell: 160	Maple Tree Place: 50	Arbor Gardens: 37
McAuley: 74	Lime Kiln: 48	Falcon Manor: 61	
Victoria Place (Bove's): 34	Anderson Parkway: 28		
Mermaid Building: 8			
N. Champlain: 4 supportive units			
Jim's Corner Store: 2			
Total: 147	Total: 236	Total: 101	Total: 37

- Total development costs: Around \$71 million for 531 units, or around \$133,089 per unit.
- Approximate % of tenants at extremely-low income level (30% of median): 39%

**Housing Placement Programs**

Rental Opportunity Center: A "one-stop shop" for low-income individuals and families (located in an accessible storefront office in Burlington) which provides a central database for assisted and affordable housing, available private market units, voice mail boxes for the homeless, transportation assistance, information on "Healthy Homes," and other resources.

Housing Assistance Program: Assists homeless or low-income families in locating housing and finding ways to defray the costs of moving, deposits and other related expenses.

**Housing Retention Programs**

Vermont Tenants, Inc.: Tenants' rights organization providing information and referrals.

Fair Housing Project: Information, outreach and advocacy to assure fair housing in the rental market.

Legal Aid: Legal assistance on federal & state benefits and housing issues including evictions.

PATH Back Rent Program: Cash assistance for back rent.

Rental Opportunity Center: Ongoing assistance to participating landlords and their tenants to resolve issues short of eviction.



## Existing Resources – Other Needs

### Emergency Food

#### Meals:

Food Shelf: Free breakfast and early lunch served Monday through Friday and Sunday. Bag lunches available for take out.

First Congregational Church: Free breakfast on Saturdays and sandwiches to go for lunch.

Salvation Army: Free dinners served Monday to Saturday evenings.

King Street: Free dinners on Sunday nights.

Daystation: Fresh fruits, vegetables, milk and juice at the daytime drop-in center.

#### Groceries:

Food Shelf: A five-day supply of emergency food once a month, with screening for Food Stamp eligibility. The homeless without a roof can visit once a week; the homeless with a roof, twice a month.

Sara Holbrook: Small pantry with emergency food available for those who have already accessed the Food Shelf that month.

Joint Urban Ministries Project: Vouchers for people in need of canned food, baby food, personal items, and diapers.

### Medical and Behavioral Healthcare for the Homeless

Safe Harbor Clinic: Medical, dental, maternal/child care, mental health, and drug/alcohol counseling. Outreach teams provide services to unsheltered residents.

Community Health Center of Burlington's Adolescent Clinic: Medical clinic for teens.

### Childcare for the Homeless

Child Care Resources: Uses state Early Education Initiative funds to place homeless children in 12 dedicated slots at local childcare programs and to provide additional supportive services to the children and their parents.

## Income Data

### Housing Wage in Burlington: \$16.35

- The Housing Wage is the amount a full time (40 hours per week) worker must earn per hour in order to afford a two-bedroom unit at the area's Fair Market rent.
- An extremely low income household (earning \$19,680, 30% of the Area Median Income of \$65,600) can afford monthly rent of no more than \$492, while the Fair Market Rent for a two bedroom unit is \$850.
- A minimum wage earner (earning \$6.25 per hour) can afford monthly rent of no more than \$325.
- An SSI recipient (receiving \$604 monthly) can afford monthly rent of no more than \$181, while the Fair Market Rent for a one-bedroom unit is \$638.
- In Burlington, a worker earning the Minimum Wage (\$6.25 per hour) must work 105 hours per week in order to afford a two-bedroom unit at the area's Fair Market rent.

Source: *Out of Reach 2003*, National Low Income Housing Coalition

### Livable Wage – Moderate Food Plan

	Single Person	1 Parent, 1 Child	1 Parent, 2 Children	2 Parent, 2 Children (1 wage earner)
With Employer Paid Health Benefits	\$11.67	\$18.72	\$22.40	\$23.04
Without Employer Paid Health Benefits	\$13.49	\$23.29	\$29.28	\$28.96

Source: Joint Fiscal Office, Vermont Legislature

## Endnotes

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- <sup>1</sup> E.g., *Meeting Our Nation's Housing Challenges*, Report of the Bipartisan Millennial Housing Commission Appointed by the Congress of the United States, May 2002.
- <sup>2</sup> *New Partnership for Ending Homelessness: Housing, Services & Employment*, National Alliance to End Homelessness, Corporation for Supportive Housing, and AIDS Housing of Washington, Policy Papers, July 2003, citing Jennifer Daskal, *In Search of Shelter: The Growing Shortage of Affordable Rental Housing*, Center on Budget and Policy Priorities, June 1998.
- <sup>3</sup> Henry Cisneros, *Searching for Home: Mentally Ill Homeless People in America*, Cityscape, December 1996.
- <sup>4</sup> *Id.*
- <sup>5</sup> *Rental Housing Assistance - The Worsening Crisis: A Report to Congress on Worst Case Housing Needs*, U.S. Department of Housing and Urban Development, Office of Policy Development and Research, March 2000.
- <sup>6</sup> *Between a Rock and a Hard Place: Housing and Wages in Vermont*, a Report commissioned by the Vermont Housing Council, February 2002.
- <sup>7</sup> 1998 Chittenden County Housing Demand Analysis, prepared for the Vermont Housing Council.
- <sup>8</sup> *The History of Sprawl in Chittenden County*, commissioned by the Champlain Initiative, March 1999.
- <sup>9</sup> Allen & Brooks Report, December 2002.
- <sup>10</sup> *Id.*
- <sup>11</sup> National Low Income Housing Coalition, *Out of Reach 2003: America's Housing Wage Climbs*.
- <sup>12</sup> Allen & Brooks, *ibid.*
- <sup>13</sup> The FMR is defined as "the dollar amount below which 40 percent of the standard quality rental housing units rent." It is determined annually for localities by the U.S. Department of Housing & Urban Development.
- <sup>14</sup> *Out of Reach 2003, ibid.*
- <sup>15</sup> E.g., *Homelessness: Programs and the People They Serve*, Urban Institute, December 1999.
- <sup>16</sup> Fair Housing Project, Champlain Valley Office of Economic Opportunity, *Housing Sale Study, Report on Fair Housing Practices in Vermont*, April 2003 and *Rental Housing Study, Report on Fair Housing Practices in Vermont*, June 2000.
- <sup>17</sup> National Alliance to End Homelessness, *10-Year Plan to End Homelessness*, citing *The State of the Nation's Housing*, Joint Center for Housing Studies of Harvard University, 1999.
- <sup>18</sup> National Coalition for the Homeless, Fact Sheet #1, September 2002, citing Dolbeare, 1996.
- <sup>19</sup> *Between a Rock and a Hard Place, ibid.*
- <sup>20</sup> *Id.*
- <sup>21</sup> *Housing in Northwestern Vermont: A Review of Demand and Supply of Housing in the Six County Region*, Economic & Policy Resources, Inc. and Thomas E. Kavet Consulting, August 2000.
- <sup>22</sup> *The State of the Nation's Housing*, Joint Center for Housing Studies at Harvard University, June 2003.
- <sup>23</sup> *Between a Rock and a Hard Place, ibid.*
- <sup>24</sup> *Out of Reach 2003, ibid.*
- <sup>25</sup> *Rental Housing Assistance, ibid.*
- <sup>26</sup> Vermont Joint Fiscal Office, Basic Needs Budget, January 2003.
- <sup>27</sup> Vermont Department of Employment & Training, Current Employment Statistics.
- <sup>28</sup> *Vermont Job Gap Study, Phase 7, A Report by the Peace & Justice Center*, June 2002.
- <sup>29</sup> National Coalition for the Homeless, Fact Sheets, September 2002.
- <sup>30</sup> Debra Rog and C. Scott Holupka, *Reconnecting Homeless Individuals and Families to the Community*, Practical Lessons: the 1998 Symposium on Homelessness Research, U.S. Departments of HUD and HHS (1999).
- <sup>31</sup> *Id.*
- <sup>32</sup> *Searching for Home, ibid.*
- <sup>33</sup> David Yacavone, Director of Administrative Services, Agency of Human Services, From Remarks Delivered to the Statewide Conference on Reorganization, Lake Morey, VT, October 28, 2003.
- <sup>34</sup> *Searching for Home, ibid.*
- <sup>35</sup> *Id.*
- <sup>36</sup> National Coalition for the Homeless, Fact Sheet # 6, April 1999.
- <sup>37</sup> *Out of Reach 2003, ibid.*
- <sup>38</sup> Report to the Vermont Legislature by the Secretary of the Agency of Human Services, January 2003.

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<sup>39</sup> Debra Rog and C. Scott Holupka, *Reconnecting Homeless Individuals and Families to the Community*, and Marybeth Shinn and Jim Baumohl, *Rethinking the Prevention of Homelessness*, Practical Lessons: The 1998 Symposium on Homelessness Research, U.S. Departments of HUD and HHS (1999).

<sup>40</sup> **National Alliance to End Homelessness, *10-Year Plan to End Homelessness*.**

<sup>41</sup> *Education and Corrections*, Vermont Department of Corrections, August 2003.

<sup>42</sup> National Alliance to End Homelessness, *10-Year Plan to End Homelessness*.

<sup>43</sup> *Education and Corrections*, *ibid.*

<sup>44</sup> Jerome Bruner, *Do Not Pass Go*, The New York Review, October 2003.

<sup>45</sup> *Id.*

<sup>46</sup> Vermont Agency of Human Services, *Summary Statistics on Caseload Size and Overlap for FY 2002*, prepared for the Statewide Conference on Reorganization, October 2003.

<sup>47</sup> Agency of Human Services Organization Chart, August 2003.

<sup>48</sup> National Coalition for the Homeless, September 2002, citing Zorza, J., *Woman Battering: A Major Cause of Homelessness*, *Clearinghouse Review*, 25(4) (1991). Qtd. In National Coalition Against Domestic Violence, *The Importance of Financial Literacy*, Oct. 2001.

<sup>49</sup> Nicole Glasser, *Giving Voice to Homeless People in Policy, Practice and Research*, Practical Lessons: The 1998 Symposium on Homelessness Research, U.S. Departments of HUD and HHS (1999).